Companion Document For

ANSI ASC X12N 835 4010A1 (Health Care Payment/Advice) Receipt from

Alabama Medicaid

The Health Insurance Portability and Accountability Act (HIPAA) requires that Alabama Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 835 implementation guides have been established as the standards of compliance for Health Care Payment/Advice transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 835 implementation guide. The table contains specific requirements to be used for processing data in the Alabama Medicaid Management Information System (AMMIS).

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 835 implementation guide.

Note: *The information in this document is subject to change. Please refer to the version number and effective date located in the footer of this document for the latest information available. Changes within the document will be in red type. A copy of the most current version of this companion document can be obtained from the internet at http://www.medicaid.alabama.gov/billing/npi_companion_guides.aspx?tab=6.*

ITEM #	LOOP	SEGMENT NAME	LANGUAGE
1.	-----	-------	Alabama Medicaid will send Health Care Payment/Advice data in upper case.
2.	-----	-------	The 835 data will utilize the basic character set as defined in Appendix A of the 835 Implementation Guide. In addition to the basic character set, the '@' symbol from the extended character set may also be utilized.
3.	-----	-------	Delimiters will be: tilde (~) for segment separators, asterisk (*) for data element separators, and a colon (:) for component data element separators.
4.	-----	-------	All dates on the 835 transaction will be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide.
5.	-----	Interchange Control Header	'ZZ' will be sent as the Interchange ID Qualifier (ISA05).
6.	-----	Interchange Control Header	'752548221' will be sent as the Interchange Sender ID (ISA06).
7.	-----	Interchange Control Header	'ZZ' will be sent as the Interchange ID Qualifier (ISA07), which is associated with the Interchange Receiver ID (ISA08).
8.	-----	Interchange Control Header	The Provider Submitter ID assigned by Alabama Medicaid followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes will be populated in the Interchange Receiver ID (ISA08).
9.	-----	Functional Group Header	'752548221' will be sent as the Application Sender's Code (GS02).
10.	-----	Functional Group Header	The Provider's Submitter ID assigned by Alabama Medicaid will be sent as the Application Receiver's Code (GS03).
11.	-----	Functional Group Header	GS08 will be populated with '004010X091A1' and all changes per the addenda will be incorporated in the 835 transaction.
12.	-----	Financial Information	'I' will be sent as the Transaction Handling Code (BPR01).
13.	-----	Financial Information	'C' will be sent as the Credit/Debit Flag Code (BPR03).
14.	-----	Financial Information	Either 'ACH', 'CHK', or 'NON' will be sent as the Payment Method Code (BPR04).
15.	-----	Financial Information	If the Payment Method Code is 'ACH' (BPR04), then the Payment Format Code will be 'CCP' (BPR05), for all other codes this data element will not be used.

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16.	-----	Financial Information	If the Payment Method Code is 'ACH' (BPR04), then the Depository Financial Institution (DFI) Identification Number Qualifier will be '01' (BPR06), for 'CHK' and 'NON' this data element will not be used.
17.	-----	Financial Information	If the Payment Method Code is 'ACH' (BPR04), then the Depository Financial Institution (DFI) Identification Number Qualifier will be '01' (BPR12), for 'CHK' and 'NON' this data element will not be used.
18.	-----	Financial Information	The Date (BPR16) will be the checkwrite date. Expressed in CCYYMMDD format.
19.	-----	Receiver Identification	The Provider ID will be sent as the Receiver Identification (REF02).
20.	-----	Production Date	The checkwrite date will be sent as the Date (DTM02). Expressed in CCYYMMDD format.
24.	1000A	Payer Identification	'Alabama' will be sent as the Payer Name (N102).
25.	1000A	Payer Identification	'12233' will be sent as the Identification Code (N104).
26.	1000B	Payee Identification	The Provider's Name will be sent as the Payee Name (N102).
27.	1000B	Payee Identification	• The National Provider Id will be returned. • N103 is equal to the value of 'XX' and N104 is equal to the Provider's National Provider Id.
28.	1000B	Payee Identification	'1D' will be sent as the Reference Identification Code (REF01).
29.	1000B	Payee Identification	Qualifier of "TJ" followed by the Federal Tax Payer Identification Number will be sent.
30.	2100	Claim Payment Information	Either '1', '2', '3', '4', or '22' will be sent as the Claim Status Code (CLP02).
31.	2100	Claim Payment Information	'MC' will be sent as the Claim Filing Indicator Code (CLP06).
32.	2100	Claim Payment Information	The bill type submitted in CLM05-1 on the claim will be returned in CLP08.
33.	2100	Claim Adjustment	Either 'CO', 'CR', or 'PR' will be sent as the Claim Adjustment Group Code (CAS01).
34.	2100	Patient Name	If reported on the health care claim, 'MR' will be sent as the Identification Code Qualifier (NM108).

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35.	2100	Other Claim Related Identification	If reported on the health care claim and applicable 'EA' or 'SY' will be sent as the Reference Identification Qualifier (REF01). For Adjustment or Voided claims 'F8' followed by the original ICN will be sent with the adjustment record.
36.	2100	Other Claim Related Identification	If medical record number is reported on the health care claim it will be returned in REF02. A maximum of 30 characters may be submitted on the health care claim for the medical record number, but only 12 will be returned on the 835.
37.	2100	Claim Date	Either '232'or '233' will be sent as the Date/Time Qualifier (DTM01).
38.	2110	Service Payment Information	Either 'AD', 'HC', 'N4', or 'NU' will be sent as the Product/Service ID Qualifier (SVC01-1).
40.	2110	Service Adjustment	Either 'CO', 'CR', or 'PR' will be sent as the Claim Adjustment Group Code (CAS01).
41.	2110	Service Identification	Either '6R'or 'BB' will be sent as the Reference Identification Qualifier (REF01).
42.	2110	Rendering Provider Information	'HPI' will be sent as the Reference Identification Qualifier (REF01).
43.	2110	Health Care Remark Codes	'HE' will be sent as the Code List Qualifier Code (LQ01).
44.	2110	Provider Adjustment	Either 'LS', or 'FB' will be sent as the Adjustment Reason Code (PLB03-1).